

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90039 016 \*\*\*\*50.00

**20043033**



01182006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L01000018507</b> 1. Entity Name <b>RIVERWOOD PROPERTIES, LLC</b>					
Principal Place of Business <b>819 PINEDALE ROAD FORT WALTON BEACH, FL 32547</b>			Mailing Address <b>819 PINEDALE ROAD FORT WALTON BEACH, FL 32547</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>02-0558799</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>LARSON, LOWELL C JR 819 PINEDALE ROAD SHALIMAR, FL 32579</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHERN VENTURES OF OKALOOSA COUNTY, INC. 819 PINEDALE ROAD FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <span style="float: right;">4/28/00</span> <span style="float: right;">(850) 863 3243</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <div style="text-align: center; font-family: cursive;">Lowell C Larson</div>					

**ATTACHMENT**  
**20043033**  
**Division of Corporations**

**2006 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.**

This information cannot be changed on the report.	
Document Number	L01000018507
Business Entity Name	RIVERWOOD PROPERTIES, LLC
Original File Date	10/25/2001

FEI Number 02-0558799

Principal Address 819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547

Mailing Address 819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547

Registered Agent JR LOWELL C LARSON  
819 PINEDALE ROAD  
SHALIMAR, FL 32579 US

**Managing Member/Manager Name And Address**

MGRM  
SOUTHERN VENTURES OF OKALOOSA COUNTY, INC.  
819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547

If all of the above  
information is correct and  
you do not wish to make any  
changes, please select:

No Changes

If you need to make changes  
to the above information,  
please select:

Make Changes

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